

Michigan ASSIST Project
Site Analysis
Channel Analysis

While each of the intensive intervention regions uncovered an equally large volume of information, only selected pieces of them were included in this version of the site analysis. Each region has compiled a site analysis for its own area that will be used by the local coalitions for planning and decision-making specific to that region.

In Genesee County, the channel analysis was completed by staff with direction from the coalition regarding important contacts to be made. In Detroit, the channel analysis was the main activity at two ASSIST Coalition meetings. Initially members brainstormed all potential contacts within each channel. At the following meeting, the group chose the key organizations and individuals from among the larger list. Members then volunteered to make these contacts, using materials prepared by ASSIST staff. Most members were enthusiastic about doing the interviews, a feeling that was reinforced by positive contacts in the community. The Detroit document was prepared by staff.

In the Upper Peninsula, each of the six local coalition coordinators identified community leaders who were sent the key informant interview. These leaders made up a list of nearly 1,300 individuals, more than 800 of whom returned the requested information. Coordinators supplemented this with additional information they collected in their communities. The U.P. field coordinator then blended this information into a comprehensive document for the U.P., including information that reflected channels region-wide. After fine tuning, the field coordinator expects to distribute this document widely among U.P. agencies.

Due to time constraints, none of the coalitions was able to review the channel analysis before it was submitted to NCI. This review, and any forthcoming revisions, will be done this fall. It is assumed that identification and contact with key organizations and individuals will continue through the life of the project, even though the final submission of the site analysis is completed.

COALITION RESOURCE ANALYSIS

Tobacco-Free Michigan Action Coalition

TFMAC's major strength is that it is an established coalition that has proven its commitment and capabilities in tobacco reduction. Many of the problems that accompany the birthing of a new coalition are long past. Furthermore, it has always had a strong policy focus, which is ideally suited to the ASSIST Project. TFMAC members understand the rationale behind using policy change to reduce tobacco use and are willing participants in the education and advocacy process.

The large size of the coalition is well-suited to statewide efforts. Information can be disseminated easily through this large network using newsletters, meetings, annual conferences, committee structures, etc. The current TFMAC structure, which uses smaller committees to plan and implement specific tasks or projects, has worked very well.

At the core of the coalition are the Michigan affiliates of the American Cancer Society, the American Lung Association, and the American Heart Association. In Michigan, we are fortunate to have an excellent working relationship between these three voluntaries, as well as between the voluntaries and the state health department. Since the voluntaries are the organizations most closely associated with smoking issues in the public mind, their high visibility in the coalition adds public credibility and recognition to the effort. Furthermore, their participation facilitates coordination of the major cessation and prevention services already in existence with new efforts under ASSIST.

TFMAC's greatest strength lies in the schools and health care channels. For schools, most of the key intermediary organizations are members of the coalition. The TFMAC Tobacco-Free Schools Committee has been active in promoting smoking bans in schools for over a year, so activities are currently in place that can be blended into the ASSIST plan. The committee has already forged linkages necessary to reach the ASSIST objectives for schools.

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Most of the key organizations in the health care channel are also actively involved in TFMAC. These groups have an inherent interest in reducing tobacco use and many have significant resources that can be put behind the effort. This is another channel in which efforts are already underway to achieve the ASSIST objectives that can be built upon in the ASSIST plan.

As was noted in the channel analysis section, however, TFMAC is lacking adequate representation from worksites, the media, unions, and minority groups. In this regard, the site analysis process has been very helpful in identifying a wealth of organizations that can add to the depth of the group. Some organizations contacted were eager to join the TFMAC effort. Others were more hesitant, but willing to participate on a limited basis as "experts" in the ASSIST planning process. A goal will be to interest some of these organizations in participating in the ASSIST Project over the long term. Additional efforts to identify and recruit new members from these groups will continue through the next year.

Given these observations, TFMAC would be wise to consider the following when launching Phase II interventions:

- It would be easiest to begin by building on current efforts in schools and health care settings.
- Priority should be given to orienting newly-recruited members to the coalition as quickly as possible to capitalize on their interest.
- TFMAC will be reviewing and revising its legislative agenda as the new legislative session begins in January, 1993. This allows for the coordination of ASSIST objectives and current TFMAC legislative activities.
- Efforts focused on youth have the strongest support among the general public and could be used to build support for broader tobacco control efforts in the future.

Upper Peninsula

In the Upper Peninsula, eleven local tobacco reduction coalitions are united through the Upper Peninsula Tobacco OR Health Coalitions, a network made up of the nine regional ASSIST coordinators. A major strength of this structure is that it maintains close ties to the local communities in the region.

An important achievement of coalitions during this first year has been mobilization of U.P. residents behind the project. The key community leader mailing referred to earlier helped the coalition coordinators to identify more than 100 people across the U.P. who are willing to become members of local tobacco reduction coalitions.

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Furthermore, because the major voluntary organizations are members of these coalitions, ASSIST efforts can link the services of ASSIST, ACS, AHA, and ALA to maximize cessation and prevention opportunities while avoiding duplication.

The coalition coordinators were sobered by data showing that as many as 50 percent of smokers in the Upper Peninsula may not have graduated from high school. This fact, paired with the large number of unemployed workers or workers in low-income retail and service jobs, makes it more difficult to use traditional approaches to cessation and prevention programs, approaches which coalition members may be most familiar and comfortable with. Fortunately, the ASSIST site analysis process uncovered many channels to use in presenting non-traditional approaches to reach this target group. It will be necessary to influence the channels which previously may not have participated in health programs to implement tobacco use education, prevention, and cessation programming.

Although the lack of resources available through ASSIST and other sources continues to be a problem, getting the resources to people in a form that makes an impact on them is even more of a concern. Incentive programs, either at a worksite or community level, will be necessary to spark community interest in cessation efforts.

To facilitate interventions when Phase II begins, the UP ASSIST coalition network will give first priority to regional umbrella organizations to implement interventions on a regional scale.

The first step in ASSIST interventions will be to use all channels in promoting ASSIST objectives and non-tobacco use. A variety of newsletters from the channels can be used to reach a wide segment of the population. These could include PTO bulletins, worksite employee newsletters, school board letters, news media articles, and service club updates. There will also be presentations made at these same groups. These awareness building activities will help increase membership recruitment and calls for action.

The U.P. Coalitions will need to attract a more diverse membership. The site analysis has identified several groups that have not traditionally been a part of public health programming. The primary method to interest them in the U.P. will be face-to-face appeals. Presentations must be given to groups affected by ASSIST. Follow-up meetings must be carried out to pursue those who express an interest in helping to reach the goals of ASSIST.

Now that the site analysis has identified priority populations, the more difficult task will be to identify programming that will be attractive to these groups. An increase of membership by those having experience with the target groups will be mandatory (peer leadership).

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Genesee County

As the coalition currently exists, it has the capability to reach all of the priority groups to some extent. It feels confident about the ability to reach school-aged youth through contacts with the Flint Community Schools and the Genesee Intermediate School District. They not only have direct access to the youth, but the teachers and school personnel as well.

It also has strong ties with various health care settings and providers within the community. It is currently exploring ways to access a larger number of the health care providers who have direct interaction with our target populations. With the ties that the Genesee County coalition currently has with hospitals, the Medical Society, and previous relations with the Medical Assistants Association, a strong base exists that can be built upon.

Although minorities are represented within the coalition, these individuals do not represent organizations with specific interests of minority people. Because of small staffs and limited budgets, many organizations cannot afford to have personnel involved in peripheral activities. However, the staff at the Genesee County Health Department believe that cooperative relationships exist, and collaborative efforts are a possibility with agencies such as the Urban League and the Spanish-Speaking Information Center.

Worksites offer great potential as well as great challenges. The coalition does have some representation from worksites, but not from the large, blue collar employers that it is focusing on. The coalition is developing relationships with the UAW and is also seeking out other large employers such as the banks. The coalition also realizes the importance of reaching the many small businesses who employ the majority of the working population. It is still exploring what ways might be most effective.

Through these relationships, the coalition is capable of supporting various activities through expansion of its current activities, continuation of coalition recruitment efforts, and outreach to agencies with similar interests but limited staff. Channels in which the coalition has the greatest strength are schools and health care settings, and to some extent community groups. It will be able to reach all of the target populations (to some extent) through these channels. This does not imply that the coalition will only work through them. The coalition will continue to strengthen the worksite network, the media channel, and expand to community groups serving minorities.

Detroit

As with the other coalitions, the Detroit Project ASSIST Coalition has its greatest strength in the health care area. Representatives of both public and private health care

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organizations as well as health care providers are interested members of the coalition. Because large numbers of people in Detroit receive primary health care through public institutions, current participation by several divisions of the Detroit City Health Department is highly beneficial.

Furthermore, there is a history of collaboration among health and social agencies in Detroit. Because of this history, the core of coalition members has the ability to attract other community groups toward the project. In Detroit, there is a wide range of community agencies and groups that can be tapped to participate in ASSIST efforts. Since the coalition has chosen to define the community groups channel in very broad terms, opportunities for intervention such as a corner basketball game or informal neighborhood activities will not be passed over.

To the coalition's benefit is the fact that many educational institutions in Detroit, such as Wayne State University (a coalition member), have a mission to serve the urban population. These institutions have significant expertise, community status, and other resources to bring to the coalition effort.

One of the coalition's greatest assets is that organizations and individuals in Detroit are accustomed to being creative, cooperative, active, and persistent in working on community problems. Coalition efforts are common in this community and receive significant public support.

To add greater depth to its membership, the Detroit Project ASSIST coalition must recruit representatives from worksites and unions. A link to these groups was uncovered at the September meeting and is being explored. Also missing from the coalition are representatives from the schools. Due to the current teachers' strike in Detroit, outreach in this channel has been put on temporary hold.

Because the Detroit coalition is newly established, it does not yet have visibility within the city. This somewhat hampers recruitment efforts.

ASSIST efforts in Detroit during Phase II would logically begin in the health care channel, and more specifically through the many community health programs associated with the Detroit City Health Department. The Department serves as both a coordinator and a provider of services and has the structure in place to reach a large number of priority populations in relatively quick order.

Since the Detroit coalition has good representation from health care provider organizations, it could also easily fit into statewide efforts in physician training that are currently underway. One of the sites for the NCI "Train the Trainer" sessions mentioned previously

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was Henry Ford Hospital in Detroit, so the coalition could immediately become involved in followup activities for this program.

During the next year, the Detroit Coalition will also focus its efforts on recruiting members who can help with planning and access to all channels.